

Under the provisions of law any person* aggrieved by any assessment desiring to appeal shall file a statement, in writing, with the Board of Assessment Appeals. One form per parcel is required. Each statement shall designate the assessment value appealed and the address to which the Board shall mail notice of when and where to appear for a hearing. No appeal shall be heard by the board unless appellant shall first have filed the appeal form, fee, and required documents, as set forth by law. Appraisals and copies must be submitted 10 days prior to hearing date. Annual appeals must be filed by **September 1**. Rules & Regulations can be seen at www.ccpa.net/3713/Property-Appeal-Information (*) Includes taxing districts

Record Owner(s) Name _____

Mailing Address _____

Site Location of Property Subject of Appeal: _____ Number _____ Street _____ Borough/Township _____

Assessors Tax Map Identification #: _____

Assessment _____ Opinion of Market Value of this Property _____

Date Purchased _____ Purchase Price _____

State reasons for filing this appeal: _____

Current Use of the property: _____

Total Acreage _____ Total Acres of Tillable Land: _____

Total Acres of Woodland: _____ Total Acres of Wasteland: _____

#1 Residence: Number of Stories _____ Total Rooms _____ Bedrooms _____ Family Room _____ Full Baths _____
Half Baths _____ Basement _____ Garage (Cars) _____ Carport _____ Fireplace _____ Central Air _____

#2 Residence: Number of Stories _____ Total Rooms _____ Bedrooms _____ Family Room _____ Full Baths _____
Half Baths _____ Basement _____ Garage (Cars) _____ Carport _____ Fireplace _____ Central Air _____

Out Buildings	Description/Use	Size
1		
2		
3		
4		
5		
6		
7		
Other		

Certificate of Appeal

I/we hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4504, relating to unsworn falsification to authorities.

Signed: _____ Date: _____

Phone #: (Home) _____

Owner(s) of Record (Day/Office) _____

All Notices of these proceedings shall be mailed to:

Name: _____

Office Use Only Address: _____

Fee _____